

The Affordable Health Care for America Act And Oregon's 3rd Congressional District

Improved insurance for those already covered.□

Currently, 64% of residents in Oregon's 3rd Congressional district receive health care through their employers. As a result of the reforms in the bill, there will be no co-pays or deductibles for preventive care; no more rate increases or coverage denials for pre-existing conditions, gender, or occupation; and guaranteed oral, vision, and dental benefits for children.

Ability to afford insurance for those who are not currently covered.□

Affordability credits will be extended to those with an income of four times the poverty level-\$88,000 for a family of four. These affordability credits would assist those currently lacking coverage to purchase insurance at group rates on state insurance exchanges. In the district, 184,000 households could receive affordability assistance to purchase insurance.

Coverage extended to pre-existing conditions.□

In the district, 15,400 residents are denied health insurance due to pre-existing conditions. Under the bill, these residents will be able to purchase affordable health insurance.

Improving health care and financial security.□

In 2008, 1,200 health care related bankruptcies occurred in the district. Under the bill, annual out-of-pocket expenses are capped at \$5,000 for individuals and \$10,000 for families. These caps ensure that no citizen or family will face financial ruin due to health care-related costs.

Improve Medicare, and close the donut hole.□

For the 94,000 Medicare recipients in the district, the bill provides free preventive and wellness care, improves primary and coordinate care, improves nursing home quality, and strengthens the Medicare Trust Fund. For the 11,100 seniors who have to pay out-of-pocket to cover the costs of the donut hole in Medicare D, the bill will provide immediate relief by covering the first \$500 of donut hole costs in 2010, cutting brand-name drug costs by 50%, and eliminating the donut hole by 2019.

Assisting small businesses.

In the district, 24,300 small businesses that have fewer than 100 employees will be able to participate in the health insurance exchange, benefitting from group rates and increased choices in insurers. The 21,600 small businesses in the district that have fewer than 25 employees and wages less than \$40,000 will receive tax credits to cover up to 50% of the cost of providing insurance for their employees.

Providing coverage to the uninsured.

Currently in the district, 119,000 individuals lack insurance. If the projected benchmark of 96% coverage nationwide is met, then 79,000 currently uninsured individuals in the district will receive coverage. Uninsured individuals cost providers \$60 million in uncompensated care. Under this bill, the costs of uncompensated care would be reduced to virtually nothing.

Health reform is deficit-neutral.

The costs of the health care reform is paid for: half through the elimination of waste, fraud, and abuse by private insurers through Medicaid and Medicare, and half through a tax surcharge on the income of the top 0.3% wealthiest individuals, which amount to 420 households in the district. 99.87% of taxpayers in the district will not pay a single tax. According to the Congressional Budget Office, the bill will cut the deficit by \$30 billion over the first ten years and continue to reduce the deficit over the next 20 years.